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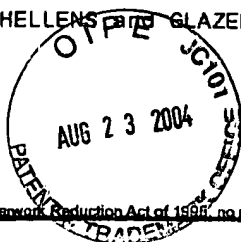
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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/994,143	
	Filing Date	November 26, 2001	
	First Named Inventor	Brian L. Craine	
	Art Unit	1743	
	Examiner Name	Yelena G. Gakh	
Total Number of Pages in This Submission	4	Attorney Docket Number	4969-A-07

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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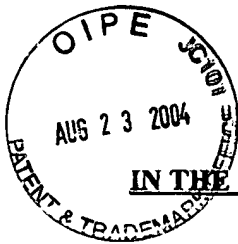
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

EXAMINER: Gakh, Yelena G. Docket No. 4969-A- 07
APPLICANT: Craine, Brian L. Art Unit: 1743
SERIAL NO. 09/994,143 Date: August 19, 2004
FILED: November 26, 2001
FOR: METHOD FOR DETERMINING LOCATION OF
GASTROINTESTINAL BLEEDING

AMENDMENT

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Name of applicant, assignee or Registered Rep.

Signature *Charles R. Hoffman* Date 8/19/04

In response to the Final Office Action dated May 24, 2004, the following response is

submitted: